



Docket No. 0575/64080/JPW/AJM/JCS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): David M. Stern, et al.
 Serial No. : 09/872,185 Examiner: J. Seharaseyon
 Filed : June 1, 2001 Group Art Unit: 1647
 For : Methods for Treating Inflammation

Mail Stop RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: November 21, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	11 -	* 25 =	*** 0 X	\$25	\$50	=		0
Independent Claims	1 -	** 3 =	*** 0 X	\$100	\$200	=		0
Multiple Dependent Claim(s) Presented For First Time Yes <u>X</u> No				\$180	\$360	=		0
				TOTAL ADDITIONAL FEE			\$ 0.00	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
 * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
 ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
 *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☒ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☒ No ☐
and a fee of \$ _____ included)

☐ A Petition for an Extension of Time, including a fee of
\$ _____ for a Petition for _____ Month(s) Extension of Time

☒ Other (identify): Request for Continued Examination

THE TOTAL FEE DUE IS \$ 790.00.

☒ A check in the amount of \$ 790.00 is enclosed.

☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,

I hereby certify that this
correspondence is being deposited
this date with the U.S. Postal
Service with sufficient postage as
first class mail in an envelope
addressed to: Mail Stop RCE
Commissioner for Patents, P.O. Box
1450, Arlington, VA 22313-1450

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